

# **STARR INDIVIDUAL PROGRAM**

## **URBAN COVER PERSONAL ACCIDENT INSURANCE**

### **IMPORTANT NOTICE**

You must disclose to Us fully and faithfully the facts you know or ought to know otherwise you may not receive any benefits from your Policy.

In consideration of the payment of premium by the Policyholder and subject to the terms and conditions of the Policy, We hereby insure the Insured Person in the manner and to the extent provided in the Policy.

This Policy shall become effective and commence at 12:01a.m. at the place where the Policy was issued, on the date specified as the Inception Date of Insurance in the Policy Schedule.

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### PART I – DESCRIPTION OF COVERAGE

#### ACCIDENTAL DEATH AND PERMANENT DISABLEMENT

If during the period of insurance, the Insured Person sustains an Injury that shall within twelve (12) months from the date of the Accident result in death or Permanent Disablement as listed under the Compensation Table, We shall pay the Insured Person a percentage of sum insured for this benefit in the manner described in the compensation table below, up to the sum insured as stated in the Policy Schedule

COMPENSATION TABLE

Benefit Event		Compensation (Percentage of Sum Insured)	
1.	Death	100%	
2.	Permanent Total Disablement	150%	
3.	Loss of or the Permanent Loss of Use of one or more Limbs	130%	
4.	Permanent Loss of Sight of both eyes	150%	
5.	Permanent Loss of Sight of one eye	100%	
6.	Permanent Loss of Speech and Loss of Hearing	130%	
7.	Permanent and incurable insanity	150%	
8.	Permanent Loss of Hearing in:		
	(a) Both ears	100%	
	(b) One ear	30%	
9.	Permanent Loss of Speech	80%	
10.	Permanent Loss of the lens of one eye	80%	
		Right Hand	Left Hand
11.	Loss of or the Permanent Loss of Use of four Fingers and Thumb	85%	65%
12.	Loss of or the Permanent Loss of Use of four Fingers	55%	45%
13.	Loss of or the Permanent Loss of Use of one Thumb		
	(a) Both joints	40%	30%
	(b) One joint	25%	20%
14.	Loss of or the Permanent Loss of Use of Fingers		
	(a) Three joints	20%	15%
	(b) Two joints	15%	10%
	(c) One joint	10%	8%
15.	Loss of or the Permanent Loss of Use of Toes		
	(a) All – one foot	25%	
	(b) Great toe - both joints	10%	
	(c) Great toe – one joint	8%	
16.	Fractured Leg or Patella with Established Non-Union	20%	
17.	Shortening of leg by at least 5 cm	10%	
18.	Third Degree Burns		
	Area Damage as a Percentage of Total Body Surface Area		
	(a) Head		
	(i) Equals to or greater than 10%	100%	
	(b) Body		
	(i) Equals to or greater than 15% but less than 25%	50%	
	(ii) Equals to or greater than 25% but less than 40%	75%	
	(iii) Equals to or greater than 40%	100%	
19.	Second Degree Burns		
	Area Damage as a Percentage of Total Body Surface Area		
	(a) Head		
	(i) Equals to or greater than 10%	50%	
	(b) Body		
	(i) Equals to or greater than 15% but less than 25%	25%	
	(ii) Equals to or greater than 25% but less than 40%	37.5%	
	(iii) Equals to or greater than 40%	50%	
20.	In respect of any other Permanent Disablement not falling under the above Benefit Events, We shall in Our absolute discretion pay the Policyholder a benefit which shall be calculated by assessing the degree of disablement relative to the above Percentage of Sum Insured.		

#### Specific Definitions for Benefit Events 18 and 19

**Third Degree Burns** means burns that have destroyed the full skin thickness.

**Second Degree Burns** means burns in which damage extends through the epidermis and into the dermis whereby wounds are senate and painful, mist, and blister.

#### Specific Exclusions for Benefit Events 18 and 19

We will not pay for liability arising directly or indirectly from, in respect of, due to any of the following:

- Results from sunburn, in-door tanning, cosmetic tanning, or anesthetic procedure.

**Provisions:**

- 1) Benefits shall not be payable for more than one Benefit Event stated in Compensation Table in respect of the same Accident. Should more than one Benefit Event occur from the same Accident, We shall only be liable for the Benefit Event with the greater Percentage of Sum Insured.
- 2) If the benefit is payable for Loss of or the Permanent Loss of Use of a whole member of the body, then the benefit payable for parts of the member cannot be claimed.
- 3) In the event the accumulation of total paid-up benefits in respect of one or more Benefit Events of the same Insured Person is below one hundred and fifty percent (150%) of the Sum Insured, We thereafter shall only be liable for the remaining balance payable up to one hundred and fifty percent (150%) of the Sum Insured.
- 4) The Insured Person's coverage shall be terminated upon occurrence of any loss for which benefit is payable under any one of the above Events 1 to 8(a), 18(a)(i) and 18(b)(iii) stated in Compensation Table.
- 5) When a limb which had been partially disabled prior to sustaining an Injury covered under this Policy and which becomes totally disabled as a result of such Injury, the Percentage of Sum Insured payable shall be determined by Us having regard to the extent of disablement caused by the Injury. No payment however shall be made in respect of Loss of or the Permanent Loss of Use of a Limb which was totally disabled prior to the Injury.
- 6) The Percentage of Sum Insured set out above from Events 11 to 14 inclusive for the various disabilities of right and left hand shall be transposed if the Insured Person is left-handed.
- 7) Rules of Nines system will be used for burns assessment
- 8) In respect of all disablements, there shall be no reference to the Insured Person's occupation in determining the nature of the disablement sustained by the Insured Person.

**ACCIDENT MEDICAL REIMBURSEMENT**

We shall reimburse the Insured Person the Medical Expenses paid to a Doctor for treatment obtained as a result of an Injury, up to the maximum sum insured for this Benefit as stated in the policy schedule.

The reimbursement of this Benefit is per any one Accident and no excess applicable.

This benefit is extended to include

- (a) Treatment by Chinese Physician, Chiropractor and/or Physiotherapist, within 12 months of the Accident. Charges limited to one consultation per day.  
Any treatment by a Chiropractor and/or Physiotherapist must be referred by the attending Doctor
- (b) Inpatient Medical Expenses arising from the treatment of chikungunya, dengue fever, hand foot and mouth disease (HFMD), pulmonary tuberculosis and zika virus

The above are subject to sub-limits, where appropriate.

The Insured Person has up to a maximum of 30 days from the date of Accident to seek the first medical treatment.

All treatment and services must be prescribed by a Doctor and shall not exceed the usual level of charges for similar treatment, medical services or supplies in the location where the expenses were incurred had this insurance not existed.

If the Insured Person is reimbursed for the Medical Expenses by any other source, We will only be liable for the excess of the amount that the Insured Person has recovered from the other source.

**DAILY HOSPITAL CASH BENEFIT**

If during the period of insurance, the Insured Person sustains an Injury resulting in Hospital Confinement, We shall pay the Insured Person the daily hospital cash as specified for this benefit in the Policy Schedule, for each day of the Insured Person's stay in a Hospital up to a maximum of 30 days per Injury and for each day of the Insured Person's post-hospitalization medical leave up to a maximum of 14 days

This Benefit shall only be payable for each day (24-hour) day of Hospital Confinement and post-hospitalization medical leave, up to the maximum specified for this Benefit.

This Benefit is extended to include hospital confinement arising from chikungunya, dengue fever, hand foot and mouth disease (HFMD), pulmonary tuberculosis and zika virus

Successive Hospital Confinements due to the same injury are considered to be part of the same period of Hospital Confinement, unless the discharge date for the prior Hospital Confinement is separated from the admission date for the next Hospital Confinement by at least thirty (30) days.

**Specific Exclusions to Accident Medical Reimbursement and Daily Hospital Cash Benefit**

We will not pay for liability arising directly or indirectly from, in respect of, due to any of the followings:

- a) Any pre-existing conditions;
- b) Diagnosed chikungunya, dengue fever, hand foot and mouth disease (HFMD), pulmonary tuberculosis and zika virus within 14 days from the cover start date of the policy;
- c) Any of the outlined in (b) which has been announced as
  - (i) an epidemic by the health authority in Singapore or the Government of the Republic of Singapore; or
  - (ii) a pandemic by the World Health Organisation (WHO)from the date of announcement until the epidemic or pandemic ends

**MOBILITY AID**

If during the period of insurance, the Insured Person sustains an Injury resulting in temporary or Permanent Disablement, We shall pay for the actual costs necessarily incurred by the Insured Person on the following to facilitate mobility up to the maximum sum insured for this benefit as stated in the Policy Schedule:

- a) prosthesis,
- b) self-powered, climbing wheelchair;
- c) motor vehicle modification; and/or
- d) mobility aids

**HOME MODIFICATION REIMBURSEMENT (PERMANENT TOTAL DISABLEMENT)**

If during the period of insurance, the Insured Person sustains an Injury resulting in Permanent Total Disablement, We shall pay for the actual costs necessarily incurred by the Insured Person to modify the usual place of residence up to the maximum sum insured for this Benefit as stated in the Policy Schedule.

Specific loss under this Benefit shall mean Permanent Disablement payable under Benefit Event 2 to 8(a) under Accidental Death and Permanent Disablement.

Any modification to the usual place of residence must be completed within three (3) months from the date the Doctor has confirmed the Insured Person's condition to be Permanent Disablement.

**Specific Exclusions to Home Modification Reimbursement**

We will not pay for the following:

- a) Any modifications to the usual place of residence that do not facility the Insured Person's mobility;
- b) Any damages that occur during the course of the modification works

**DEPENDENT CHILD(REN) COVER**

If You and Your Spouse are insured under the same Selected Plan, each Dependent Child will be covered for up to 25% of the sum insured for Accidental Death & Permanent Disablement, Accident Medical Reimbursement, Daily Hospital Cash Benefit, Mobility Aid and Home Modification Reimbursement (Permanent Total Disablement) on the same terms as stated in each of these benefits.

If only You or Your Spouse are purchasing this Policy, You will have to pay an additional 50% of Your premium in order to cover Your Dependent Child(ren) for up to 25% of the sum insured for Accidental Death & Permanent Disablement, Accident Medical Reimbursement, Daily Hospital Cash Benefit, Mobility Aid and Home Modification Reimbursement (Permanent Total Disablement) on the same terms as stated in each of these benefits. Each Dependent Child will only be eligible for cover under one Selected Plan. In the event of cover duplications by You or Your Spouse, coverage for Your Dependent Child will be on the same terms as stated in each of these benefits with the higher sum insured.

**WEEKLY INCOME BENEFIT (TEMPORARY TOTAL DISABLEMENT)**

If during the period of insurance, the Insured Person sustains an Injury resulting in hospitalization and Temporary Total Disablement as certified by a Doctor within 30 days from date of Accident, We will pay You the weekly income specified under this Benefit as stated in the Policy Schedule and up to a maximum of 24 weeks for any one Injury.

The weekly income will be payable subject to

- (a) Waiting period of 7 consecutive days;
- (b) First medical treatment from a Doctor is obtained within 30 days from date of Accident;
- (c) Being gainfully employed when the Accident happens; or
- (d) One Injury for the same period of time.

**CREDIT CARD REPAYMENT**

If, during the period of insurance, the Insured Person sustains Temporary Total Disablement resulting from an Accident, We will pay for the Insured Person's credit card expenses up to the Benefit amount specified in the Policy Schedule and up to a maximum of three (3) months per policy year basis .

This benefit includes supplementary credit cards provided to the Insured Person's Spouse and/or Dependent Child(ren).

The credit card benefit will be payable subject to

- (a) Waiting period of 30 consecutive days;
- (b) First medical treatment from a Doctor is obtained within 30 days from date of Accident;
- (c) Evidence of current outstanding credit card statement; and
- (d) One Injury for the same period of time.

#### **HOUSING MORTGAGE LOAN REPAYMENT (TEMPORARY TOTAL DISABLEMENT)**

If during the period of insurance, the Insured Person sustains an Injury resulting in hospitalization and Temporary Total Disablement as certified by a Doctor within 30 days from date of Accident, We will pay You the mortgage loan benefit up to the maximum sum insured for this Benefit as stated in the Policy Schedule and up to a maximum of six (6) months per policy year basis

The mortgage loan benefit will be payable subject to

- (e) Waiting period of 30 consecutive days;
- (f) First medical treatment from a Doctor is obtained within 30 days from date of Accident;
- (g) Evidence of current three (3) months' housing mortgage loan; and
- (h) One Injury for the same period of time.

#### **UTILITY EXPENSE REIMBURSEMENT (TEMPORARY TOTAL DISABLEMENT)**

If during the period of insurance, the Insured Person sustains an Injury resulting in hospitalization and Temporary Total Disablement as certified by a Doctor within 30 days of the Injury, We will pay You the utility expense for the usual place of residence up to the maximum sum insured for this Benefit as stated in the Policy Schedule and up to a maximum of six (6) months.

The utility expense will be payable subject to

- (a) Waiting period of 30 consecutive days;
- (b) First medical treatment from a Doctor is obtained within 30 days from date of Accident;
- (c) Evidence of current six (6) months' residential utility expense for the usual place of residence; and
- (d) One Injury for the same period of time

#### **PARENT OR FAMILY BENEFIT**

If during the period of insurance, the Insured Person sustains death resulting from an Accident, We will pay the parent or family benefit stated in the Policy Schedule and up to a maximum of six (6) months to the surviving Spouse or one surviving parent of the Insured Person.

#### **TUITION BENEFIT (TEMPORARY TOTAL DISABLEMENT)**

If during the period of insurance, the Insured Person sustains an Injury resulting in hospitalization and Temporary Total Disablement as certified by a Doctor within 30 days from date of Accident, We will pay the tuition benefit up to the maximum sum insured for this Benefit as stated in the Policy Schedule and up to a maximum of six (6) months for Dependent Child(ren) enrolled in tertiary education licensed by the local government.

The tuition benefit payable will be subject to

- (a) Waiting period of 30 consecutive days;
- (b) First medical treatment from a Doctor is obtained within 30 days from date of Accident;
- (c) Evidence of current six (6) months' tuition fees for the Dependent Child(ren); and
- (d) One Injury for the same period of time.

#### **EXTENSIONS**

##### **AMATEUR SPORTS**

This Policy extends to cover the Insured Person for an injury whilst engaging in amateur sports, provided that such Injury does not arise out of the Insured Person's wilful and intentional act.

##### **ASSAULT**

If during the period of insurance, the Insured Person sustains an Injury arising out of an assault, including but not limited to robbery and hold-up, that shall within twelve (12) months from the date of the assault result in death or Permanent Disablement which qualifies for payment under the Compensation Table, We shall pay the benefit in accordance with the Percentage of the Sum Insured stated in Compensation Table on the condition that he/she is a victim of the incident and not involved in any violation of law.

##### **EXPOSURE**

If during the period of insurance, by reason of any Accident, the Insured Person is unavoidably exposed to the elements and as a direct and unavoidable result of such exposure sustain death or Permanent Disablement within twelve (12) months from the date of Accident, We shall pay the benefit in accordance with the Percentage of the Sum Insured stated in Compensation Table.

##### **DISAPPEARANCE**

If during the period of insurance, the body of Insured Person has not been found within twelve (12) months after the date of the disappearance, sinking or wrecking of the Public Conveyance in which the Insured Person was travelling, it will be presumed that the Insured Person suffered accidental death resulting from an Accident. In such circumstances, We shall pay the benefit in accordance with the Percentage of the Sum Insured of Event 1 stated in Compensation Table. However, any such payment shall be immediately refunded to Us if it is discovered that the Insured Person did not suffer death as a result of the Accident.

**DROWNING AND SUFFOCATION BY GAS, POISONOUS FUMES AND SMOKE**

If during the period of insurance, the Insured Person suffers death or an Injury due to drowning or suffocation by gas, poisonous fumes or smoke, which directly and independently of all other causes, results in death or Permanent Disablement, We shall pay the benefit in accordance with the Percentage of the Sum Insured stated in the Compensation Table, provided that such injury does not arise out of the Insured Person's wilful and intentional act.

**INSECT AND ANIMAL BITES, STINGS OR ATTACKS**

This Policy extends to cover the Insured Person for an Injury resulting from a bite, sting, attack or similar event by an insect or animal, provided that such injury does not arise out of the Insured Person's wilful and intentional act. This cover includes chikungunya, dengue fever and zika virus.

**MOTOR CYCLING**

If during the period of insurance, the Insured Person suffers death or an Injury whilst riding a motorcycle (whether as a rider or a pillion-rider), We shall pay the benefit up to the Sum Insured stated in the Compensation Table, provided that at the time of the Accident, the Insured Person is not violating the driving regulations of the country, and not engaging in or practising for any racing or hill climbing contests, reliability trials and speed or duration testing.

**FOOD AND DRINKS POISONING**

If during the period of insurance, the Insured Person suffers from food and drinks poisoning and incurs Medical Expenses for treatment by a Doctor, We shall reimburse the Insured Person up to the maximum sum insured for this Benefit as stated in the policy schedule.

**STRIKE, RIOT, CIVIL COMMOTION AND TERRORIST ACT**

If during the period of insurance, the Insured Person suffers an Injury due to Strike, Riot, Civil Commotion or Terrorist Act, which directly and independently of all other causes, results in death or Permanent Disablement, We shall pay the Insured Person a benefit in accordance with the Percentage of the Sum Insured stated in Compensation Table, provided that such Injury does not arise as a result of or in connection with the Insured Person's collaboration or provocation of such act.

**UNSCHEDULED FLIGHTS**

If during the period of insurance, the Insured Person suffers an Injury whilst travelling as a passenger in a properly licensed private aircraft and/or helicopter excluding whilst onboard military aircraft, which directly results in death or Permanent Disablement, We shall pay the benefit in accordance with the Percentage of the Sum Insured stated in Compensation Table.

**NO CLAIMS BONUS**

The sum insured in respect of Accidental Death & Permanent Disablement as stated in the Policy Schedule will, upon each annual renewal, increase by 5% of the Original Sum Insured provided that:

- (a) no claim had been made during the period of insurance immediately preceding the renewal;
- (b) the increase will only be applicable during the first 5 years from the first issuance of the Policy and up to a maximum of 25% of the Original Sum Insured;
- (c) there has been no interruption of cover in or between the first 5 years of the Policy period; and
- (d) if any claim has been paid during any time of the 5 year period, the sum insured for the next renewal would be considered as the preceding year's sum insured.

Original Sum Insured means the sum insured for Accidental Death & Permanent Disablement provided in the first year that You are insured under this Policy. In the event there is a change in the Selected Plan, the Original Sum Insured shall mean the sum insured, before any bonus is applied:

1. on the first day of cover in the year in which the change was effected mid-term; or
2. on the first day of cover in the year in which the change was effected at renewal.

## PART II – DEFINITIONS

**Accident** means an unforeseen and involuntary event which caused Injury, death or Disablement.

**Accidental Death** means death by or as a result of an Accident.

**Activities of Daily Living** means:

- (a) **Washing** - the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;
- (b) **Dressing** - the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
- (c) **Transferring** - the ability to move from a bed to an upright chair or wheelchair and vice versa;
- (d) **Mobility** - the ability to move indoors from room to room on level surfaces;
- (e) **Toileting** - the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
- (f) **Feeding** - the ability to feed oneself once food has been prepared and made available.

**Acquired Immune Deficiency Syndrome or AIDS** shall have such meanings assigned to it by the World Health Organization including Opportunistic Infection, Malignant Neoplasm, Human Immune Deficiency Virus (HIV), Encephalopathy (Dementia), HIV Wasting Syndrome or any disease or illness in the presence of a sero-positive test for HIV provided that:

- (a) **Malignant Neoplasm** includes but is not limited to Kaposi's sarcoma, central nervous system lymphoma and/or other malignancies now known or which become known as immediate causes of death, an illness, or disability, in the presence of Acquired Immune Deficiency Syndrome (AIDS).
- (b) **Opportunistic Infection** includes but is not limited to pneumocystis carinii pneumonia, organism of chronic enteritis, virus and/or disseminated fungi infection.

**Anniversary Date** means each anniversary of the Policy's effective date stated in the Schedule.

**Benefit** means the respective coverage and sum insured as stated in the Schedule, payable by Us under the terms and conditions of this Policy in respect of each event or loss covered by this Policy.

**Chinese Physician** means a registered practitioner who is licensed and practicing within the scope of his/her license according to the laws of the country in which such practice is maintained. The attending Chinese Physician shall not be the Policyholder, the Insured Person, employee of the Policyholder, or a person related to the Insured Person in any way by blood, marriage or adoption.

**Chiropractor** means a registered practitioner who is licensed and practicing within the scope of his/her license according to the laws of the country in which such practice is maintained. The attending Chiropractor shall not be the Policyholder, the Insured Person, employee of the Policyholder, or a person related to the Insured Person in any way by blood, marriage or adoption.

**Civil Commotion** means a disturbance, commotion or disorder created by civilians usually against a governing body or the policies thereof.

**Civil War** means an internecine war, or a war carried on between or among opposing citizen of the same country or nations.

**Community Hospital** means a community hospital approved by the Ministry of Health of Singapore to provide an intermediate level of care for individuals who are fit for discharge from acute Hospitals but require inpatient convalescent and rehabilitative care. Community Hospital does not mean hospice, convalescent centre, Hospital and homes.

**Dependent Child(ren)** means Your legal unmarried child(ren) who is/are between the ages of 6 months to 18 years or up to 25 years for full time students in a recognized tertiary institution and who is/are dependent upon You for at least 50% of his/her maintenance and support.

**Doctor** means a qualified and registered medical practitioner licensed under local applicable laws and acting within the scope of his/her licensing and training. The attending Doctor must not be You, or Your business partner, employer, employee, agent, or a person who is related to You in any way.

**Disablement** means physical impairment resulting from Injury that is caused solely and directly from an Accident and is independent of all other causes.

**Effective Date** means the commencement date of insurance, whether at inception or upon renewal, as specified in the period of insurance under this Policy.

**Endorsement** means a change of information of this Policy and/or the cover We provide. The endorsement which applies to this Policy will be shown in a schedule.

**Fracture** means all types of Fractures, as certified by the treating Doctor.

**Hospital** means a place that:

- (a) holds a valid license (if required by law);
- (b) operates primarily for the care and treatment of sick or injured persons;
- (c) has a staff of one or more Doctors available at all times;
- (d) provides 24- hour nursing service and has at least one registered professional nurse on duty at all times;
- (e) has organized diagnostic and surgical facilities, either on premises or in facilities available at the Hospital on a prearranged basis; and
- (f) is not primarily a clinic, nursing, rest or convalescent home or home for the aged or place for alcoholics or drug addicts, Community Hospital or similar establishment or a special unit of a hospital used primarily for such purposes;
- (g) is not a mental institution or an institution confined primarily to the treatment of psychiatric disease including sub-normality or the psychiatric department of a Hospital; and
- (h) is not a health hydro or nature cure clinic.



**Hospital Confinement** means admission in a Hospital as a registered patient for an overnight stay upon the recommendation of a Doctor and for which the Hospital charges You for room and board.

**Illness** means a physical condition marked by a pathological deviation from the normal healthy state.

**Immediate Family Member** means the Insured Person's spouse, parent, parent-in-law, grandparent, son, daughter, son-in-law, daughter-in-law, brother, sister, grandchild or legal guardian.

**Inception Date** means the date this Policy comes into effect as specified in the Policy Schedule.

**Injury** means bodily Injury which is sustained by You within twelve (12) months from the date of an Accident and during the period of insurance and is caused by an Accident solely and independently of any other causes.

**Inpatient** means the Insured Person is confined to a Hospital as a registered patient.

**Insured Person** means the person(s) named or described in the Schedule or subsequently endorsed hereon and holds a valid Singapore identification document such as a Singapore NRIC, Employment Pass, Work Permit, Long Term Visit Pass, Student Pass or Dependent Pass, and must be residing and/or working in Singapore.

**Loss of Hearing** means total and irrecoverable loss of hearing.

**Loss of Limb** means loss by physical severance of a hand at or above the wrist or of a foot at or above the ankle.

**Loss of Sight** means the entire and irrecoverable loss of sight.

**Loss of Speech** means the disability in articulating any three of the four sounds which contribute to the speech such as the Labial sounds, the Alveololabial sounds, the Palatal sounds and the Velar sounds, or total loss of vocal cord or damage of speech centre in the brain resulting in Aphasia.

**Loss of Thumb(s) / Finger(s) / Toe(s)** means complete severance through or above the metacarpophalangeal or metatarsophalangeal joints.

**Loss of Use of Limb(s) / Thumb(s) / Finger(s) / Toe(s)** means total functional disablement of any limb, thumb, finger or toe and is treated like the total loss of said limb, thumb, finger or toe.

**Medical Expenses** means usual, reasonable and customary Medical Expenses necessarily and reasonably incurred within 365 days as a result of medical or surgical treatment of bodily Injury prescribed by a Doctor, treatment by a Physiotherapist or Chiropractor as referred by attending Doctor, dental treatment where such treatment is necessarily incurred to restore sound and natural teeth following an Accident.

**Occupational Class 4 (High Occupational Hazards)** means occupations that are hazardous in nature such as those involving the use of heavy machinery (cranes, forklifts, vehicles requiring a Class 4 or above driving license), welding, woodworking related, construction work, working at heights exceeding 30 feet above ground or floor level, diving, offshore work, ship crew, working on board vessels or oil rig platforms and/or chemicals and/or explosive materials, underground work, manual work in hazardous places and occupations that require the handling of hazardous chemicals.

**Percentage of Sum Insured** means the percentage of Sum Insured stated in the Compensation Table and Simple Fracture or other fractures Table of Benefits in Part I herein.

**Permanent Disablement** means disablement listed in the compensation table under Accidental Death and Permanent Disablement as the result of Injury and lasting twelve (12) consecutive months, and at the expiry of that period being beyond hope of improvement.

**Permanent Total Disablement** means the Insured Person is totally and permanently disabled as the result of Injury and lasting twelve (12) consecutive months, and is prevented from engaging in employment for compensation or profit for which he/she is reasonably qualified by reason of his/her education, training or experience; or if he/she has no business or occupation at the time of Injury, totally and permanently disabled means the inability to perform his/her Activities of Daily Living of like age and sex. Such disability has to be certified by a Doctor to be total, continuous and permanent for the remainder of his/her life.

**Physiotherapist** means a registered practitioner who is licensed and practicing within the scope of his/her license according to the laws of the country in which such practice is maintained. The attending Chiropractor shall not be the Policyholder, the Insured Person, employee of the Policyholder, or a person related to the Insured Person in any way by blood, marriage or adoption.

**Policy** means the terms and conditions set out in this Policy and any other documents stated in Entire Contract of Part VIII herein.

**Policy Schedule** means the schedule which We send You with Your Policy.

**Policyholder, Insured Person, You** means the Insured Person named in the Policy Schedule which has entered into this contract of insurance with Us.

**Pre-existing Condition** means any Illness, disease or other condition which You suffer prior to the Effective Date and which:

- (a) first manifested itself, worsened, became acute or exhibited symptoms prior to the Effective Date which would have caused any reasonable person to seek diagnosis, care or treatment; or
- (b) requires You to take prescribed drugs or medicine; or
- (c) was treated by a Doctor or treatment had been recommended by a Doctor.



**Public Conveyance** means any land, sea or air conveyance provided and operated by a carrier duly licensed for regular transportation of fare-paying passengers.

**Residence** means the dwelling place You ordinarily live in at the time of occurrence of an event giving rise to a claim under this Policy.

**Riot** means the act of any person taking part together with others in any disturbance of the public peace (whether in connection with a strike or lock-out or not) or the action of any lawfully constituted governmental authority in suppressing or attempting to suppress any such disturbance or in minimizing the consequences of such disturbance.

**Rules of Nines** means a system used by Physicians for assessing the percentage of the body surface affected by burns. In this system the head and each arm cover 9% of the body; the front of the body and the back of the body and each leg covers 18% of the body. The groin covers remaining 1%.

**Selected Plan** means the plan which You selected at the time of application for this Policy and as stated in the Policy Schedule.

**Spouse** means Your legal husband or wife.

**Strike** means the willful act of any striker or locked-out worker done in furtherance of a strike or in resistance to a lock-out; or the action of any lawfully constituted authority in preventing or attempting to prevent any such act or in minimizing the consequences of any such act.

**Sum Insured** means the amount of sum insured stated in the Policy Schedule.

**Temporary Total Disablement** means Injury that entirely disables and prevents You from attending to any part of Your ordinary business, profession or occupation (of any and every kind) and which is not Permanent.

**Terrorist** or member of a terrorist organization means any person who commits, or attempts to commit, a Terrorist Act or who participates in or facilitates the commission of a Terrorist Act and/or is verified or recognized or designated by any government or authority or committee as a terrorist.

**Terrorist Act** means an act including but not limited to the use or threatened use of force or violence against person or property, or commission of an act dangerous to human life or property, or commission of an act that interferes with or disrupts an electronic or communication system, undertaken by any person or group, whether or not acting on behalf of or in connection with any organization, government, power, authority or military force, when the effect is to intimidate or coerce a government, the civilian population or any segment thereof, or to disrupt any segment of the economy.

**Usual, Reasonable and Customary Medical Expenses** means charges for treatment, supplies or medical services medically necessary to treat the Insured Person's condition, does not exceed the usual level of charges for similar treatment, supplies or medical services in the locality where the expense is incurred and does not include charges that would not have been made if no insurance existed.

**War** means war (declared or undeclared) or any warlike activities, including use of military force by any sovereign nation to achieve economic, geographic, nationalistic, political, racial, religious or other ends.

**We, Us, Our** means Starr International Insurance (Singapore) Pte. Ltd.

**You/Your** means the person named as the Insured Person in the Policy Schedule

### PART III – ELIGIBILITY OF INSURED PERSONS

To be eligible for cover under this Policy, an Insured Person must be between the age of eighteen (18) and sixty-five (65) years old (both ages inclusive) on the Commencement Date. The Policy will be renewable up to the age of seventy-five (75) years old (age inclusive).

Dependent Child(ren) must be between the ages of 15 days to 18 years or up to 25 years for full time students in a recognized tertiary institution and who is/are dependent upon You for at least 50% of his/her maintenance and support.

This Policy covers the Insured Person and Dependent Child(ren) on a worldwide basis, provided that the maximum period outside Singapore is not more than 182 consecutive days at any one time.

### PART IV – GENERAL EXCLUSIONS

We shall not pay under any section of this Policy for loss arising directly or indirectly as a result of or in connection with:

1. War, Civil War, invasion, insurrection, revolution, use of military power or usurpation of government or military power, direct participation in strike, riot and civil commotion;
2. Riding or driving in any kind of motor racing, competition, engaging in a professional capacity in any sport where an Insured Person would or could earn income or remuneration from engaging in such sport as a source of income;
3. An Insured Person who is a Terrorist or a member of a terrorist organization; any illegal or unlawful act by the Insured Person;
4. Dental care or surgery unless necessitated by an Accident (excluding denture and related expenses) to sound and natural teeth;
5. An Insured Person engaging in naval, military or air force service or operations; armed force service, other than for reservist training under the Section 14 of the Enlistment Act (Chapter 93) of Singapore;
6. Piloting or serving as a crewmember or riding in any aircraft except as a fare paying passenger on a regularly scheduled airline; or
7. Any claim arising from epidemic or pandemic as declared by the World Health Organisation (WHO).
8. Any Injury which arises in the course of Your occupation if Your occupation falls under Occupational Class 4.
9. Engaging in aerial activity other than as a passenger in any properly licensed private and/or commercial aircraft;

10. Suicide or attempted suicide or intentional self-injury, or deliberate exposure (except in an attempt to save human life), or is sustained while the Insured Person is in a state of insanity;
11. Any criminal, intentional or illegal act and breaking of any government laws and regulations on Your part;
12. Any treatments arising from pregnancy, miscarriage (except if miscarriage is caused by an Accident as provided under this Policy), abortion, childbirth, sterilization, contraception as well as treatment for infertility;
13. Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC) or any infection by Human Immunodeficiency Virus (HIV);
14. Provoked assault, intoxication, drugs abuse or insanity;
15. General check-up, convalescence, custodial or rest cure;
16. Any congenital anomalies or physical impairment;
17. Any mental, psychiatric and/or nervous disorders including anxiety or depression, sleep disorders, alcoholism and drug related treatment;
18. Pre-existing Condition;
19. Any kind of disease, illness, virus, bacterial or any other kind of infection (with the exception of Poisoning and Insects/Animals Bite);
20. Any loss, damage, injury or liability directly or indirectly caused or contributed to by ionizing radiation or contamination by radioactivity from any nuclear fuel or any nuclear waste from the combustion of nuclear fuel, including any self-sustaining process of nuclear fission or the use of any nuclear weapons material;
21. Driving or riding as a passenger in or on any vehicle engaged in any race, speed test or endurance test.

#### PART V – TERMINATION OF COVERAGE

1. The insurance coverage in respect of an Insured Person shall automatically terminate on the occurrence of any of the following events, whichever is the earliest:
  - (a) end of the Policy period during which the Insured Person attains the age of seventy-six (76) years of age;
  - (b) in the case of Your Dependent Child, on the date on which he/she attains the age of 18, (or 25 years of age if he/she is a full time student in a recognised tertiary institution);
  - (c) upon the Insured Person's death; or
  - (d) when any premium due is not paid in accordance to the Payment Before Cover Warranty clause under this Policy.
2. We may terminate this Policy at any time during the period of insurance by giving thirty (30) days prior notice in writing to the last known address of the Policyholder. In the event of such termination, We shall return promptly the pro-rata premium to the Policyholder. There will be no refund of premium once a claim has been paid under this Policy. However, no notice of termination is required from Us in the event of the occurrence of one or more of the following and this Policy shall be automatically terminated forthwith:
  - (a) non-payment of any premium;
  - (b) fraud or material misrepresentation on the part of the Policyholder;
  - (c) willful or reckless acts or omissions on the part of the Policyholder increasing the hazards insured against.
3. The Policyholder may cancel this Policy by giving Us not less than thirty (30) days prior written notice. No refund will be made once a claim has been paid under this Policy. In the event of such termination by the Policyholder, premiums shall be computed in accordance with the applicable percentage indicated below, but in no event less than Our customary minimum premium, provided always that no refund will be made once a claim has been paid under this Policy:

Covered Period	Retentive Percentage of Annual Premium
2 Months (Minimum)	40%
3 Months	50%
4 Months	60%
5 Months	70%
6 Months	75%
Over 6 Months	100%

If this Policy is cancelled before the Effective Date of this Policy, You shall pay us an administrative fee of S\$25 (before GST).

#### PART VI - PREMIUM PROVISIONS

##### PREMIUM PAYMENT FOR ANNUAL RENEWALS

Unless cancelled by You or by Us, this Policy will be automatically renewed by the payment of premium subject to all terms, conditions and exclusions of this Policy. Our acceptance of premium will constitute consent to renewal. In any event, Your coverage will terminate when the Policy terminates.

##### PREMIUM PAYMENT FOR MONTHLY RENEWALS

Unless cancelled by You or by Us, this Policy will be automatically renewed by the payment of premium subject to all terms, conditions and exclusions of this Policy. Our acceptance of premium will constitute consent to renewal. In any event, Your coverage will terminate when the Policy terminates.

**PREMIUM BEFORE COVER WARRANTY**

Notwithstanding anything contained in this Policy, You agree and acknowledge that

- (a) The total premium due must be paid and actually received in full by Us (or the intermediary through whom this Policy was effected) on or before the Effective Date of this Policy or Renewal Certificate.
- (b) In the event that the total premium due is not paid and actually received in full by Us (or the intermediary through whom this Policy was effected) on or before the Effective Date, then the Policy or Renewal Certificate will be deemed to be cancelled immediately and no benefits will be payable by Us as cover never attached. Any payment received thereafter shall not affect the cancellation of the Policy or Renewal Certificate.
- (c) In respect of coverage with a "Free Look" provision, You may return the original policy document to Us or Our intermediary within the "Free Look" period if You decide to cancel the cover during the "Free Look" period. In such an event, You will receive a full refund of the premium paid to Us provided that no claim has been notified or made under this Policy.
- (d) If payment of full premium is to be made by credit card or bank GIRO whether monthly, annually or at such periods as may be agreed, the submission to Us of a complete and properly signed Direct Debit Authorisation form (or such other form as may be required by the card centre, bank or Us) to Us on or before the Effective Date will be deemed to be payment received by Us, subject to clause (e) below.
- (e) In the event of any rejection by the card centre or bank of the Direct Debit Authorization Form (or such other form as referred to in clause (d) or any inability by Us to obtain payment of the premium by credit card or GIRO deduction due to any reason), We will allow a second attempt for the charge and deduction of the outstanding premiums from the relevant card centre or bank. Should the second attempt fail for any reason, the Policy or Renewal Certificate will be deemed to be cancelled immediately effective from the day of the month when premium was due and unpaid and no benefits whatsoever will be payable by Us as cover never attached. Any payment received thereafter shall not affect the cancellation of the Policy or Renewal Certificate

**PART VII – CLAIMS PROVISIONS****NOTICE OF CLAIM**

Written notice of claim must be given to Us within thirty (30) days after occurrence of any Accident or other event likely to give rise to a claim under this Policy. However immediate notice must be given to Us in the event of accidental death.

**FORMS FOR PROOF OF LOSS**

We, upon receipt of such notice, shall furnish to the claimant such forms as are usually furnished by it for filing proof of loss. If such forms are not so furnished within fifteen (15) days after the receipt of such notice, the claimant shall be deemed to have complied with the requirements of this Policy as to proof of loss upon submitting within the time fixed in this Policy for filing proof of loss, written proof covering the occurrence, character and extent of the loss for which a claim is made. All certificates, information and evidence required by Us shall be furnished at the expense of the Policyholder or Insured Person/claimant or his legal personal representatives and shall be in such form and of such nature as We may prescribe.

**SUFFICIENCY OF NOTICE**

Such notice by or on behalf of the Insured Person given to Us or to the intermediary through whom this Policy was effected, with particulars sufficient to identify the Insured Person shall be deemed to be notice to Us. Failure to give notice within the time provided in this Policy shall not invalidate any claim if it is shown that it was not reasonably practicable to give such notice and that notice was given as soon as was reasonably practicable.

**CLAIMANT COOPERATION PROVISION**

Failure of the claimant to cooperate with Us in the administration of a claim may result in the delay or termination of a claim. Such cooperation includes, but is not limited to, providing any information or documents needed to determine whether benefits are payable or the actual benefit amount due.

**TIME FOR FILING PROOF OF LOSS**

Affirmative proof of loss must be furnished to Us at Our said office in case of a claim within sixty (60) days after the date of such loss. If it is shown that it was not reasonably practicable to give such notice within such time, such proof must be furnished as soon as reasonably practicable and in any event within one (1) year after the date of such loss.

**LIMITATIONS CONTROLLED BY STATUTE**

If any time limitation of this insurance, with respect to giving notice of claim or furnishing proof of loss, is less than that permitted by the laws of Singapore, such limitation is hereby extended to agree with the minimum period permitted by such laws.

**PHYSICAL EXAMINATION AND AUTOPSY**

We reserve the right to have a Doctor examine the Insured Person as often as is reasonably necessary within the duration of any claim, and to require an autopsy in the case of death, where this is not forbidden by law or religious beliefs. We shall bear the expenses incurred in such examinations, unless the claim is proved to be invalid, in which case We shall be entitled to recover all the expenses so incurred from the Policyholder.

**FRAUDULENT CLAIMS**

If any claim be in any respect fraudulent or if any fraudulent means or devices be used by the Policyholder, any Insured Person or anyone acting on any of their behalf to obtain any benefit under this Policy, this Policy shall immediately become terminated and all benefit in respect of such claims shall be forfeited from the date on which the fraudulent claim is proffered.

**TO WHOM INDEMNITIES PAYABLE**

All indemnities shall be payable to the Policyholder. Any receipt by the Policyholder of any indemnities payable under this Policy shall in all cases be deemed final and complete discharge of Our liability in respect of such benefit. In the event of the Policyholder's death, We will pay the amount to the Policyholder's estate.

**RIGHT OF RECOVERY**

In the event authorization of payment and/or payment is made by Us or for a medical claim which is not covered under this Policy or when the limit of liability of this insurance is exceeded, We reserve the right to recover the said sum or excess from the Insured Person.

**SUBROGATION**

In the event of any payment under this Policy, We shall be subrogated to all the Insured Person's rights of recovery therefore against any person or organization and the Insured Person shall execute and deliver instruments and papers and do whatever else is necessary to secure such rights. The Insured Person shall take no action after the loss to prejudice such rights. We shall at any time be entitled to undertake in the name of and on behalf of the Insured Person the absolute conduct, control, defense and/or settlement of any proceedings, and at any time to take proceedings at Our own expense and for Our own behalf, but in the name of the Insured Person, to cover compensation or secure indemnity from any third party in respect of anything covered by this insurance. The Insured Person must cooperate fully with Us to this end and do nothing to prejudice Our rights.

**ARBITRATION**

Any dispute, difference or question which may arise at any time hereafter between Us and the Policyholder and/or the Insured Person in relation to the construction of this Policy or concerning any matter arising out of this Policy or the rights or liabilities of the parties hereto shall be referred to and finally resolved by arbitration in Singapore in accordance with the Arbitration Rules of the Singapore International Arbitration Centre for the time being in force, which rules are deemed to be incorporated by reference in this clause. The Arbitration Act (Cap. 10) shall apply. The submission and reference to arbitration shall take place within three (3) months from the date that written notice of a claim under this Policy was received by Us. The Tribunal shall consist of three (3) arbitrator(s). The language of the arbitration shall be English.

**LEGAL ACTIONS**

No action at law or in equity shall be brought to recover on this Policy prior to the expiration of sixty (60) days after written proof of loss has been furnished in accordance with the requirements of this Policy. No such action shall be brought after the expiration of two (2) years after the time written proof of loss is required to be furnished.

**PART VIII – GENERAL CONDITIONS****CLERICAL ERROR**

Our clerical errors shall not invalidate insurance otherwise validly in force, nor continue insurance otherwise not validly in force.

**COMPLIANCE WITH POLICY PROVISIONS**

Our provision of insurance under this Policy is conditional upon:

- (a) The truth of the statements and information provided to Us by the Policyholder and all Insured Persons; and
- (b) The due observance and fulfillment of the terms and conditions of this Policy insofar as they related to anything to be done or complied with by the Policyholder and all Insured Persons.

**COMPLIANCE WITH POLICY PROVISIONS**

The due observance and fulfillment of the terms and conditions of this Policy so far as they relate to anything to be done or complied with and the truth to the best of Your knowledge and belief of the information furnished to Us in connection with this insurance shall be conditions precedent to Our liability. Failure to comply with any of the provisions contained in this Policy will invalidate all claims made under this Policy.

**CONDITIONS PRECEDENT**

The validity of this Policy is subject to the condition precedent that:

- (a) For the risk insured, You have never had any insurance terminated in the last twelve (12) months due solely or in part to a breach of any premium payment condition; or
- (b) If You have declared that You have breached any premium payment condition in respect of a previous policy taken up with another insurer in the last twelve (12) months:
  - 1) You have fully paid all outstanding premium for time on risk calculated by the previous insurer based on the customary short period rate in respect of the previous Policy; and
  - 2) You have first provided a copy of the written confirmation from the previous insurer to this effect to Us before cover incept.

**CONTRACTS (RIGHTS OF THIRD PARTIES) ACT (CAP. 53B)**

A person who is not a party to this Policy contract shall have no right under the Contracts (Rights of Third Parties) Act (Cap. 53B) to enforce any of its terms.

**CURRENCY**

All benefits payable under this Policy will be in Singapore dollars. When a claim is made by You for losses incurred in a foreign currency, We will pay You in Singapore dollars based on the prevailing currency exchange rate determined by Us.

**DUPLICATION OF COVER**

If You make a valid claim under this Policy, and have more than one policy with Us which is the same product and provides the same cover, We will consider You to be insured under the policy which provides the highest benefit level. Where the benefits under any additional policy are identical, We will consider You to be insured under the policy first issued. All policies not recognised by Us shall be cancelled.

**ECONOMIC AND TRADE SANCTION LAWS**

If, by virtue of any law or regulation that is applicable to Us at the inception of this Policy or becomes applicable at any time thereafter, providing coverage to the Insured is or would be unlawful because it breaches an embargo or any economic or trade sanctions, laws or regulations, including, but not limited to, sanctions, laws and regulations administered and enforced by the Treasury Department's Office of Foreign Assets Control ("OFAC") of the United States, or because the Insured, claimant or a loss payee is designated a Specially Designated National by OFAC, We shall not provide coverage and shall not have any liability whatsoever nor provide any defense to the Insured or make any payment of defense costs or provide any form of security on behalf of the Insured to the extent that We would be in breach of such sanction, law and/or regulation. In circumstances where it is lawful for Us to provide coverage under the Policy, but the payment of a valid and otherwise collectable claim may breach an embargo or any economic or trade sanctions, laws or regulations, then We will take reasonable measures to obtain the necessary authorization to make such payment. This Policy also does not apply to the extent that trade or economic sanctions, laws, regulations or other laws or regulations prohibit us from offering or providing insurance. To the extent that any such prohibitions apply, the coverage will not be made effective and this Policy is void ab initio.

**ENTIRE CONTRACT**

The Policy, Schedule, applications, endorsements and attachments (if any) shall constitute the entire contract of insurance. No intermediary has authority to change this insurance or to waive any of its provisions. No change in this insurance shall be valid unless approved by Us and endorsed hereon.

**FREE LOOK PERIOD**

You have 14 days from the receipt of this Policy to examine its terms and conditions. You may cancel this Policy within this 14-day period by written request to Us. If there is no claim made within this 14 day period, We will refund You any premium paid. If this Policy is sent by post, it is deemed to have been delivered in the ordinary course of post. Once this Policy is cancelled, We will have no liability under the cancelled Policy and We will be entitled to recover any expense incurred by Us in underwriting this Policy. This provision is not applicable to any policies with terms of cover of less than a year and to renewals.

**GEOGRAPHICAL LIMIT AND OPERATIVE TIME**

Insurance provided under this Policy shall apply twenty-four (24) hours a day anywhere in the world unless endorsed or amended by Us.

**GOVERNING LAW**

This Policy shall be governed by and interpreted in accordance with the laws of Singapore.

**INFORMATION**

It is the Policyholder's responsibility to ensure that all required consents are obtained from the Insured Persons and third parties about whom we may be required to obtain information in connection with this Policy, so that We may retain and use that information appropriately.

**NOTICE OF TRUST OR ASSIGNMENT**

We shall not be bound or affected by any notice of any trust, charge, lien, assignment or other dealing with or related to this Policy.

**OTHER INSURANCE**

If any loss, damage or legal liability covered under this Policy is also covered by any other insurance, We shall not be liable under this Policy except for any excess beyond the amount payable under such other insurance, provided that the benefit of accidental death and disablement shall not be limited by the foregoing limitation.

**REINSTATEMENT OF POLICY**

If this Policy lapses due to non-payment of premium, it may be reinstated with Our approval. Benefits shall not, however, be payable for any event likely to give rise to a claim under this Policy which occurs while the Policy had lapsed and pre-existing condition should re-apply as if the Policy commenced on such reinstatement date.

**RENEWAL CLAUSE**

This Policy shall be renewable with Our consent by payment of premium in advance at Our premium rate in force at the time of renewal. However, We reserve the right to make adjustment on the premium rates, benefits, terms and conditions of this Policy or not invite renewal at Our discretion.

**WAIVER OF YOUR RIGHTS**

If We reject liability for any claim made under this Policy and it is not referred to arbitration within twelve (12) months from the date of Our rejection, it shall be deemed that You have accepted Our rejection of Your claim and You have waived all Your rights with respect to such a claim.

**PERSONAL DATA PROTECTION**

Please see the enclosed attachment to the Policy regarding compliance with the Singapore Personal Data Protection Act (PDPA).

**POLICY OWNERS' PROTECTION SCHEME**

This policy is protected under the Policy Owners' Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for Your policy is automatic and no further action is required from You. For more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please contact Us or visit the GIA or SDIC websites ([www.gia.org.sg](http://www.gia.org.sg) or [www.sdic.org.sg](http://www.sdic.org.sg)).